



# Mississippi Resident Individual Income Tax Return 2004

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For Official Use Only

WII B

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Name &amp; Address

Taxpayer Last Name	Taxpayer First Name	Middle Initial	Taxpayer SSN	
Spouse Last Name	Spouse First Name	Middle Initial	Spouse SSN	
Mailing Address (Number & Street, Including Rural Route)				
City		State	Zip	

▲ YOU MUST ENTER SSN ▲

Residence County Code - See Instructions

Filing Status and Exemptions

1. Married - Combined or Joint Return - Enter \$12,000 on Line 12.
2. Married - Spouse Died in 2004 - Enter \$12,000 on Line 12. **Enter Spouse Name and SSN in boxes provided above.**
3. Married - Filing Separate Returns - Enter \$12,000 on Line 12. **Enter Spouse Name and SSN in boxes provided above.**
4. Head of Family - **Enter \$8,000 on Line 12.** Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.
5. Single - Enter \$6,000 on Line 12.
6. Dependents (In column, (b) enter C for child, P for parent or R for relative).

Mark an "X" in only one box

(a) Name	(b)	(c) Dependent SSN

If Filing a Combined Return, Use Column A for Taxpayer and Column B for Spouse, Otherwise Use Column A ONLY. See instructions in booklet.

Column A (Taxpayer)

Round to Nearest Dollar

Column B (Spouse)

Income

15.	Wages, salaries, tips, etc. (Attach W-2s.)				00
16.	Other Income (Amount from Line 46, Page 2 of this Form.)				00
17.	Adjustments to Gross Income (Amount from Line 55, Page 2 of this form.)				00
18.	<b>Mississippi Adjusted Gross Income</b> (Line 15 plus Line 16 minus Line 17). ▶ (P)				00 ▶ (B)
19.	Standard or Itemized Deductions (For Itemized Deductions, see Schedule A, Form 80-108.) ▶ (F)				00 ▶ (H)
20.	Amount of Exemption Line 13 (Line 14 if Married Filing Separately)				00
21.	<b>Mississippi Taxable Income</b> (Line 18 Less Lines 19 and 20). See Instructions. If less than 0, enter 0.				00
22.	<b>Total Income Tax Due</b> (From Schedule of Tax Computation, Page 2 of this form)				00

Credits

23.	Mississippi Income Tax Withheld (Attach W-2s.)				00 ▶ (W)
24.	Estimated Tax Payments and/or Amount Paid with Extension				00 ▶ (E)
25.	Credit for Income Tax Paid to Another State (Attach Copy of Return filed with other States.)				00 ▶ (S)
26.	Other Credits (See Instructions)				00 ▶ (O)
27.	<b>Total Credits</b> (Add Lines 23 through 26).				00

Refund or Balance Due

28.	Enter the Amount of Overpayment If Line 27 is Larger than Line 22.				00 <b>OVERPAYMENT</b>
29.	Amount of Overpayment to be Applied to Your Next Year Estimate Tax Account.				00 ▶ (C)
30.	Voluntary Contribution Check-offs (From Page 2) Enter Total of L, M, K, and Z in Right Column				00
	▶ (L) ▶ (M) ▶ (K) ▶ (Z)				
31.	Amount of Overpayment to be Refunded to You (Subtract Lines 29 and 30 from Line 28)				00 <b>REFUND</b> ▶ (R)
32.	Enter Balance Due If Line 22 Is Larger Than Line 27.				00 <b>BALANCE DUE</b>
33.	Interest on Underpayment of Estimated Tax Payments (Attach Form 80-320.)				00 ▶ (I)
					00 ▶ (T)
34.	Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month.				00 ▶ (V)
35.	<b>TOTAL DUE</b> (Add Lines 32, 33, and 34.) Attach Check or Money Order for Total Due payable to: <b>State Tax Commission</b> >ENCLOSE PAYMENT VOUCHER 80-106<				00 <b>TOTAL DUE</b>

PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.

Mail **REFUND** To: Office of Revenue, P.O. Box 23058, Jackson, MS 39225-3058Mail **All Other Returns** To: Office of Revenue, P.O. Box 23050, Jackson, MS 39225-3050



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Form 80-105-04-8-2-000 (Rev. 12/04)

# Mississippi Resident Individual Income Tax Return 2004

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SSN

Enter Six Digit Principal Business Code for  
Each Schedule C - Business in the Spaces  
Provided

Example:



If showing a loss,  
shade minus (-) in box.

## Other Income

36. Business Income or Loss (Attach Federal Schedule C or C-EZ.)
37. Capital Gain or Loss (Attach Federal Schedule D). See Instructions.
38. Rental real estate, royalties, partnerships, S corps, trusts, etc. (Attach Federal Schedule E.)
39. Farm Income or Loss (Attach Federal Schedule F.)
40. Interest Income
41. Dividend Income
42. Alimony Received
43. Pensions and Annuities.
44. Unemployment Compensation (From Form(s) 1099-G)
45. **Other Income** (Loss) Schedule N.
46. **Total Other Income** (Add Lines 36 through 45. Carry Amounts to Page 1, Line 16.)

Round To Nearest Dollar

Column A (Taxpayer)

Column B (Spouse)

## Adjustments to Income

47. Payments to an IRA
48. Payments to Self-employed SEP, SIMPLE, & qualified plan
49. Interest Penalty on Early Withdrawal of Savings
50. Alimony Paid (Complete Schedule P Below.)
51. Moving Expense (Attach Federal Form 3903 or 3903F.)
52. National Guard or Reserve Pay (Enter the Lesser of the Guard/Reserve Pay or the \$5,000 Statutory Exclusion Per Taxpayer.)
53. Mississippi Prepaid Affordable College Tuition (MPACT) and/or Mississippi Affordable College Savings (MACS)
54. Self-Employed Health Insurance Deduction (Same as Federal Deduction)
55. **Total Adjustments** (Add Amounts for Lines 47 through 54. Carry Amounts to Page 1, Line 17.)

Round To Nearest Dollar

### Schedule of Tax Computation - Use taxable income from Page 1, Line 21. See booklet for instructions.

Tax Rate(s)	Taxpayer (Column A)	Spouse (Column B)	Total	Rate	Income Tax
1. First \$5,000 or Part	+	=		x 3%	
2. Next \$5,000 or Part	+	=		x 4%	
3. Remaining Balance	+	=		x 5%	
4. Subtotal	+	=			
5. Total Income Tax - Enter on Page 1, Line 22					

### Schedule P - Alimony Paid

If a deduction is claimed for Alimony Paid, please furnish the name, SSN, and the state of residency of the individual to whom the amount was paid.

Name

SSN of Recipient

State of Residency

**THIS RETURN MUST BE SIGNED.** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

Taxpayer Signature	Taxpayer Phone ( )	<b>This Return may be discussed with the preparer.</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Firm Identification Number or PTIN
Spouse Signature (If joint, <b>BOTH</b> must sign)	Date		Paid Preparer Social Security Number or PTIN
Paid Preparer Signature	Date	Paid Preparer (Print Firm Name)	
Paid Preparer Phone ( )	Paid Preparer Address		

OR